

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-1342	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
			I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 5/29/2009 TIME 10:03

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

UNION COUNTY HOSPITAL DISTRICT 14-1342

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/29/2009 TIME 10:03

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MIQHB061Y.4dPS2Grr6GN9nYpnnIUE
gaED08k1kb0Cq3hc

PI ENCRYPTION INFORMATION
DATE: 5/29/2009 TIME 10:03

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Fwddf09YjmqfAPT47z.JDhNwTlNwjd
EDZm4Tp0Qu0s1Ykv

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	168,726	-365,821	0	
3 SWING BED - SNF	0	55,455	0	0	
7 HOSPITAL-BASED HHA	0	0	0	0	
9 RHC	0	0	-5,819	0	
100 TOTAL	0	224,181	-371,640	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems MCRIF32 FOR UNION COUNTY HOSPITAL DISTRICT IN LIEU OF FORM CMS-2552-96 (05/2008)
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA
I PROVIDER NO: 14-1342 I PERIOD: 1/ 1/2008 I PREPARED 5/29/2009
I I FROM 12/31/2008 I WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 517 NORTH MAIN STREET P.O. BOX:
1.01 CITY: ANNA STATE: IL ZIP CODE: 62906- COUNTY: UNION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	UNION COUNTY HOSPITAL DISTRICT	14-1342	2.01	7/ 1/1966	N O N
04.00 SWING BED - SNF	UNION COUNTY HOSP DIST SWING BEDS	14-2342		8/ 5/1992	N O N
09.00 HOSPITAL-BASED HHA	UNION COUNTY HOSP DIST HHA	14-7571		7/ 7/1994	N P N
14.00 HOSPITAL-BASED RHC	UNION COUNTY HOSP DIST RHC	14-3975		5/22/1991	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(b)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/	/		
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/	/		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	8/	5/1992	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0	0.0000	0.0000	
		0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
28.07		0.00%			
28.08		0.00%			
28.09		0.00%			
28.10		0.00%			
28.11		0.00%			
28.12		0.00%			
28.13		0.00%			
28.14		0.00%			
28.15		0.00%			
28.16		0.00%			
28.17		0.00%			
28.18		0.00%			
28.19		0.00%			
28.20		0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	Y			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N			
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE				

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
40.01 NAME: COMMUNITHEALTH SYSTEMS FI/CONTRACTOR NAME WPS FI/CONTRACTOR # WPS
40.02 STREET: 4000 MERIDIAN BOULEVARD P.O. BOX:
40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 42,949
PAID LOSSES: 120,979
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
0 1 2 3 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

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MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00
62.01						0.00
62.02						0.00
62.03						0.00
62.04						0.00
62.05						0.00
62.06						0.00
62.07						0.00
62.08						0.00
62.09						0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,150	91,411.00			2,328	332
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						640	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,150	91,411.00			2,968	332
12 TOTAL	25	9,150	91,411.00			2,968	332
13 RPCH VISITS							
17 OTHER LONG TERM CARE	22	9,372					
18 HOME HEALTH AGENCY						3,091	
24 RURAL HEALTH CLINIC						467	
25 TOTAL	47						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	O/P VISITS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,159				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			708				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			3,867				
12 TOTAL			3,867				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			7,711				
18 HOME HEALTH AGENCY			3,091				
24 RURAL HEALTH CLINIC			8,598				
25 TOTAL							
26 OBSERVATION BED DAYS			134	3	131		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					722	175	1,201
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		142.38			722	175	1,201
13 RPCH VISITS							
17 OTHER LONG TERM CARE		19.26					
18 HOME HEALTH AGENCY		6.38					
24 RURAL HEALTH CLINIC		5.32					
25 TOTAL		173.34					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

Health Financial Systems MCRIF32 FOR UNION COUNTY HOSPITAL DISTRICT IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 STATISTICAL DATA I 14-1342 I FROM 1/ 1/2008 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2008 I
 I 14-7571 I
 COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT				
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	40.00			
	HHA NO.	OF FTE EMPLOYEES (2080 HRS)		
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.03		1.03	
5 OTHER ADMINISTRATIVE PERSONEL	1.86		1.86	
6 DIRECTING NURSING SERVICE	2.15		2.15	
7 NURSING SUPERVISOR	.28		.28	
8 PHYSICAL THERAPY SERVICE	1.02		1.02	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	.28		.28	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE				
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE				
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE				
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).				

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	1,773	0	51	6
22 SKILLED NURSING VISIT CHARGES	320,925	0	9,210	1,080
23 PHYSICAL THERAPY VISITS	1,047	0	3	0
24 PHYSICAL THERAPY VISIT CHARGES	193,695	0	555	0
25 OCCUPATIONAL THERAPY VISITS	196	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	36,260	0	0	0
27 SPEECH PATHOLOGY VISITS	15	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,835	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,031	0	54	6
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	553,715	0	9,765	1,080
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	182	0	0	0
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

Health Financial Systems	MCRIF32	FOR UNION COUNTY HOSPITAL DISTRICT	IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)
HOSPITAL-BASED HOME HEALTH AGENCY	I PROVIDER NO:	I PERIOD:	I PREPARED 5/29/2009
STATISTICAL DATA	I 14-1342	I FROM 1/ 1/2008	I WORKSHEET S-4
	I HHA NO:	I TO 12/31/2008	I
HOME HEALTH AGENCY STATISTICAL DATA	I 14-7571	I	I
	COUNTY:		

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,830
22 SKILLED NURSING VISIT CHARGES	0	0	331,215
23 PHYSICAL THERAPY VISITS	0	0	1,050
24 PHYSICAL THERAPY VISIT CHARGES	0	0	194,250
25 OCCUPATIONAL THERAPY VISITS	0	0	196
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	36,260
27 SPEECH PATHOLOGY VISITS	0	0	15
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,835
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	3,091
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	564,560
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	182
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

Health Financial Systems MCRIF32 FOR UNION COUNTY HOSPITAL DISTRICT IN LIEU OF FORM CMS-2552-96 S-8 (09/2000)
I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
I 14-1342 I FROM 1/ 1/2008 I WORKSHEET S-8
I COMPONENT NO: I TO 12/31/2008 I
I 14-3975 I
COUNTY:

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED
HEALTH CENTER PROVIDER STATISTICAL DATA
HOME HEALTH AGENCY STATISTICAL DATA

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 517 NORTH MAIN STREET
1.01 CITY: ANNA STATE: IL ZIP CODE: 62906-0000 COUNTY: UNION
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

GRANT AWARD 1	DATE 2
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)
6 APPALACHIAN REGIONAL COMMISSION
7 LOOK-ALIKES
8 OTHER (SPECIFY)

PHYSICIAN INFORMATION:

PHYSICIAN
NAME

BILLING
NUMBER
P14681

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT DEANNA STGERMAIN

PHYSICIAN
NAME

HOURS OF
SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION 0	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM 1	TO 2	FROM 3	TO 4	FROM 5	TO 6	FROM 7	TO 8	FROM 9	TO 10	FROM 11	TO 12	FROM 13	TO 14
12 CLINIC														

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?

N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME:

PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 294,385
17.01	GROSS MEDICAID REVENUES 3,283,645
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 3,578,030
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .282451
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 9,929,017

HOSPITAL UNCOMPENSATED CARE DATA

PREPARED 5/29/2009
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,804,461
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,223,940
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,475,507
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,804,461

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1342
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/29/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		112,182	112,182	80,442	192,624
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		627,379	627,379	122,021	749,400
5	0500 EMPLOYEE BENEFITS	71,959	43,620	115,579	685,788	801,367
6	0600 ADMINISTRATIVE & GENERAL	1,105,004	5,549,832	6,654,836	-913,589	5,741,247
8	0800 OPERATION OF PLANT	213,330	633,756	847,086	-1,046	846,040
9	0900 LAUNDRY & LINEN SERVICE	19,511	6,125	25,636		25,636
10	1000 HOUSEKEEPING	185,559	68,090	253,649		253,649
11	1100 DIETARY	181,682	196,461	378,143		378,143
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	347,907	32,089	379,996	-122	379,874
15	1500 CENTRAL SERVICES & SUPPLY	60,573	67,191	127,764	-41,727	86,037
16	1600 PHARMACY	270,737	511,462	782,199	-457,662	324,537
17	1700 MEDICAL RECORDS & LIBRARY	126,269	61,282	187,551	-6,686	180,865
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	846,022	630,600	1,476,622	-5,680	1,470,942
36	3600 OTHER LONG TERM CARE	538,345	86,862	625,207	-786	624,421
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	146,815	88,606	235,421	33,707	269,128
38	3800 RECOVERY ROOM	39,200	5,325	44,525	-44,525	
40	4000 ANESTHESIOLOGY		275,563	275,563		275,563
41	4100 RADIOLOGY-DIAGNOSTIC	267,907	93,516	361,423	275,989	637,412
41.01	4101 ULTRASOUND	44,753	30,750	75,503	-75,503	
41.02	4102 CT		14,228	14,228	-14,228	
41.03	4103 MRI		124,184	124,184	-124,184	
43	4300 RADIOISOTOPE		62,074	62,074	-62,074	
44	4400 LABORATORY	323,670	438,368	762,038	-6,992	755,046
49	4900 RESPIRATORY THERAPY	40,094	23,506	63,600	-17,339	46,261
50	5000 PHYSICAL THERAPY	211,714	36,545	248,259	82,504	330,763
51	5100 OCCUPATIONAL THERAPY	66,172	6,360	72,532	-72,532	
52	5200 SPEECH PATHOLOGY	12,791	1,768	14,559	-14,559	
53	5300 ELECTROCARDIOLOGY	58,883	9,083	67,966	-720	67,246
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				69,884	69,884
56	5600 DRUGS CHARGED TO PATIENTS				416,737	416,737
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	623,870	589,452	1,213,322		1,213,322
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 RURAL HEALTH CLINIC					
63.50	6310 RURAL HEALTH CLINIC	321,976	40,660	362,636	-3,910	358,726
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	293,469	153,440	446,909	-11,348	435,561
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	6,418,212	10,620,359	17,038,571	-108,140	16,930,431
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 SENIOR CIRCLE	34,814	8,584	43,398		43,398
100.01	7951 MARKETING				108,140	108,140
101	TOTAL	6,453,026	10,628,943	17,081,969	-0-	17,081,969

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-1342	I FROM 1/ 1/2008	I 5/29/2009
I	I TO 12/31/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	251,676	444,300
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	116,727	866,127
5	0500 EMPLOYEE BENEFITS	-1,416	799,951
6	0600 ADMINISTRATIVE & GENERAL	-3,746,119	1,995,128
8	0800 OPERATION OF PLANT		846,040
9	0900 LAUNDRY & LINEN SERVICE		25,636
10	1000 HOUSEKEEPING		253,649
11	1100 DIETARY	-37,183	340,960
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		379,874
15	1500 CENTRAL SERVICES & SUPPLY		86,037
16	1600 PHARMACY		324,537
17	1700 MEDICAL RECORDS & LIBRARY	-966	179,899
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-236,624	1,234,318
36	3600 OTHER LONG TERM CARE		624,421
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		269,128
38	3800 RECOVERY ROOM		
40	4000 ANESTHESIOLOGY	-266,004	9,559
41	4100 RADIOLOGY-DIAGNOSTIC	-1,771	635,641
41.01	4101 ULTRASOUND		
41.02	4102 CT		
41.03	4103 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-6,000	749,046
49	4900 RESPIRATORY THERAPY		46,261
50	5000 PHYSICAL THERAPY		330,763
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		67,246
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		69,884
56	5600 DRUGS CHARGED TO PATIENTS		416,737
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		1,213,322
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 RURAL HEALTH CLINIC		
63.50	6310 RURAL HEALTH CLINIC		358,726
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-16,848	418,713
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,944,528	12,985,903
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 SENIOR CIRCLE		43,398
100.01	7951 MARKETING		108,140
101	TOTAL	-3,944,528	13,137,441

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
41.02	CT	4102	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4103	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	RURAL HEALTH CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	SENIOR CIRCLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141342PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 5/29/2009
WORKSHEET A-6

		INCREASE				
EXPLANATION OF RECLASSIFICATION		CODE	LINE		SALARY	OTHER
		(1) COST CENTER	NO			
		1 2	3		4	5
1 RECLASS OF EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5			685,788
2						
3 RECLASS OF OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			17,363
4						
5 RECLASS OF RENTAL AND LEASE EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4			93,304
6		NEW CAP REL COSTS-BLDG & FIXT	3			9,660
7						
8						
9						
10						
11						
12						
13						
14						
15						
16 RECLASS OF OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3			70,782
17		NEW CAP REL COSTS-MVBLE EQUIP	4			100
18 RECLASS OF MARKETING DEPARTMENT	E	MARKETING	100.01		65,786	42,354
19 RECLASS OF MED SUPPLIES CHARGED	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			52,521
20						
21 RECLASS OF DRUGS/IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56			416,737
22 RECLASS OF PT/OT/SP	H	PHYSICAL THERAPY	50		78,962	8,129
23						
24 RECLASS OF RADIOLOGY COSTS	I	RADIOLOGY-DIAGNOSTIC	41		44,753	231,236
25						
26						
27						
28 RECLASS OF RECOVERY ROOM COSTS	J	OPERATING ROOM	37		39,200	5,325
29 RECLASS OF TELEPHONE EXPENSE	K	ADMINISTRATIVE & GENERAL	6			1,252
30						
31 RECLASS AMORT EXP INTER MIS TO CC4	L	NEW CAP REL COSTS-MVBLE EQUIP	4			28,617
36 TOTAL RECLASSIFICATIONS					228,701	1,663,168

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141342PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 5/29/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS OF EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6			685,666	
2		NURSING ADMINISTRATION	14			122	
3 RECLASS OF OXYGEN COSTS	B	CENTRAL SERVICES & SUPPLY	15			24	
4		RESPIRATORY THERAPY	49			17,339	
5 RECLASS OF RENTAL AND LEASE EXPENSE	C	ADMINISTRATIVE & GENERAL	6			21,536	10
6		OPERATION OF PLANT	8			1,046	10
7		PHARMACY	16			40,925	10
8		MEDICAL RECORDS & LIBRARY	17			6,686	10
9		ADULTS & PEDIATRICS	25			5,680	10
10		OTHER LONG TERM CARE	36			786	10
11		LABORATORY	44			6,992	10
12		PHYSICAL THERAPY	50			4,587	10
13		ELECTROCARDIOLOGY	53			720	10
14		RURAL HEALTH CLINIC	63.50			2,930	10
15		HOME HEALTH AGENCY	71			11,076	10
16 RECLASS OF OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6			70,882	10
17							10
18 RECLASS OF MARKETING DEPARTMENT	E	ADMINISTRATIVE & GENERAL	6		65,786	42,354	
19 RECLASS OF MED SUPPLIES CHARGED	F	CENTRAL SERVICES & SUPPLY	15			41,703	
20		OPERATING ROOM	37			10,818	
21 RECLASS OF DRUGS/IV SOLUTIONS	G	PHARMACY	16			416,737	
22 RECLASS OF PT/OT/SP	H	OCCUPATIONAL THERAPY	51		66,171	6,361	
23		SPEECH PATHOLOGY	52		12,791	1,768	
24 RECLASS OF RADIOLOGY COSTS	I	ULTRASOUND	41.01		44,753	30,750	
25		CT	41.02			14,228	
26		MRI	41.03			124,184	
27		RADIOISOTOPE	43			62,074	
28 RECLASS OF RECOVERY ROOM COSTS	J	RECOVERY ROOM	38		39,200	5,325	
29 RECLASS OF TELEPHONE EXPENSE	K	HOME HEALTH AGENCY	71			272	
30		RURAL HEALTH CLINIC	63.50			980	
31 RECLASS AMORT EXP INTER MIS TO CC4	L	ADMINISTRATIVE & GENERAL	6			28,617	9
36 TOTAL RECLASSIFICATIONS					228,701	1,663,168	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141342PERIOD:
FROM 1/ 1/2008
TO 12/31/2008PREPARED 5/29/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : RECLASS OF EMPLOYEE BENEFITS

LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	685,788
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			685,788

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	685,666
NURSING ADMINISTRATION	14	122
		685,788

RECLASS CODE: B

EXPLANATION : RECLASS OF OXYGEN COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	17,363
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			17,363

COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	24
RESPIRATORY THERAPY	49	17,339
		17,363

RECLASS CODE: C

EXPLANATION : RECLASS OF RENTAL AND LEASE EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	93,304
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	9,660
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			102,964

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	21,536
OPERATION OF PLANT	8	1,046
PHARMACY	16	40,925
MEDICAL RECORDS & LIBRARY	17	6,686
ADULTS & PEDIATRICS	25	5,680
OTHER LONG TERM CARE	36	786
LABORATORY	44	6,992
PHYSICAL THERAPY	50	4,587
ELECTROCARDIOLOGY	53	720
RURAL HEALTH CLINIC	63.50	2,930
HOME HEALTH AGENCY	71	11,076
		102,964

RECLASS CODE: D

EXPLANATION : RECLASS OF OTHER CAPITAL COSTS

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	70,782
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	100
TOTAL RECLASSIFICATIONS FOR CODE D			70,882

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	70,882
		0
		70,882

RECLASS CODE: E

EXPLANATION : RECLASS OF MARKETING DEPARTMENT

LINE	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.01	108,140
TOTAL RECLASSIFICATIONS FOR CODE E			108,140

COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	108,140
		108,140

RECLASS CODE: F

EXPLANATION : RECLASS OF MED SUPPLIES CHARGED

LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	52,521
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			52,521

COST CENTER	LINE	AMOUNT
CENTRAL SERVICES & SUPPLY	15	41,703
OPERATING ROOM	37	10,818
		52,521

RECLASS CODE: G

EXPLANATION : RECLASS OF DRUGS/IV SOLUTIONS

LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	416,737
TOTAL RECLASSIFICATIONS FOR CODE G			416,737

COST CENTER	LINE	AMOUNT
PHARMACY	16	416,737
		416,737

RECLASS CODE: H

EXPLANATION : RECLASS OF PT/OT/SP

LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	87,091

COST CENTER	LINE	AMOUNT
OCCUPATIONAL THERAPY	51	72,532

RECLASSIFICATIONS

PROVIDER NO:
141342

PERIOD:

FROM 1/ 1/2008

TO 12/31/2008

PREPARED 5/29/2009

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: H

EXPLANATION : RECLASS OF PT/OT/SP

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
2.00		0
TOTAL RECLASSIFICATIONS FOR CODE H		87,091

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
SPEECH PATHOLOGY	52	14,559
		87,091

RECLASS CODE: I

EXPLANATION : RECLASS OF RADIOLOGY COSTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	275,989
2.00		0
3.00		0
4.00		0
TOTAL RECLASSIFICATIONS FOR CODE I		275,989

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ULTRASOUND	41.01	75,503
CT	41.02	14,228
MRI	41.03	124,184
RADIOISOTOPE	43	62,074
		275,989

RECLASS CODE: J

EXPLANATION : RECLASS OF RECOVERY ROOM COSTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	44,525
TOTAL RECLASSIFICATIONS FOR CODE J		44,525

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
RECOVERY ROOM	38	44,525
		44,525

RECLASS CODE: K

EXPLANATION : RECLASS OF TELEPHONE EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	1,252
2.00		0
TOTAL RECLASSIFICATIONS FOR CODE K		1,252

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	272
RURAL HEALTH CLINIC	63.50	980
		1,252

RECLASS CODE: L

EXPLANATION : RECLASS AMORT EXP INTER MIS TO CC4

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	28,617
TOTAL RECLASSIFICATIONS FOR CODE L		28,617

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	28,617
		28,617

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	RETIREMENTS	BALANCE	DEPRECIATED
						5	6	ASSETS
								7
1	LAND							
2	LAND IMPROVEMENTS	47,473					47,473	
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	3,541,914					3,541,914	
5	FIXED EQUIPMENT	1,004,523					1,004,523	
6	MOVABLE EQUIPMENT	1,326,815					1,326,815	
7	SUBTOTAL	5,920,725					5,920,725	
8	RECONCILING ITEMS							
9	TOTAL	5,920,725					5,920,725	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	RETIREMENTS	BALANCE	DEPRECIATED
						5	6	ASSETS
								7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	6,680,962	940,900		940,900		7,621,862	
5	FIXED EQUIPMENT	230,625	74,099		74,099		304,724	
6	MOVABLE EQUIPMENT	3,227,881	704,496		704,496		3,932,377	
7	SUBTOTAL	10,139,468	1,719,495		1,719,495		11,858,963	
8	RECONCILING ITEMS							
9	TOTAL	10,139,468	1,719,495		1,719,495		11,858,963	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7
3	NEW CAP REL COSTS-BL	3,542,015		3,542,015	.298678			
4	NEW CAP REL COSTS-MV	8,316,948		8,316,948	.701322			
5	TOTAL	11,858,963		11,858,963	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	363,858	80,442					444,300
4	NEW CAP REL COSTS-MV	772,723	93,404					866,127
5	TOTAL	1,136,581	173,846					1,310,427

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	112,182						112,182
4	NEW CAP REL COSTS-MV	627,379						627,379
5	TOTAL	739,561						739,561

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1342
II PERIOD:
I FROM 1/ 1/2008 I PREPARED 5/29/2009
I TO 12/31/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-510,295			
13 SALE OF SCRAP, WASTE, ETC.	B	-104	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,065,232			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-37,183	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-966	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	157,915	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	92,965	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS REVENUE	B	-334,970	ADMINISTRATIVE & GENERAL	6	
38 PATIENT PHONE SALARY	A	-10,378	ADMINISTRATIVE & GENERAL	6	
39 HOSPITAL BAD DEBT	A	-1,924,899	ADMINISTRATIVE & GENERAL	6	
40 HHA BAD DEBT	A	-19,489	HOME HEALTH AGENCY	71	
41 PATIENT PHONE BENEFITS	A	-1,416	EMPLOYEE BENEFITS	5	
42 IL PROVIDER TAX	A	-218,902	ADMINISTRATIVE & GENERAL	6	
43 PHYSICIAN RECRUITING	A	-6,928	ADMINISTRATIVE & GENERAL	6	
44 LOBBYING EXPENSE	A	-2,494	ADMINISTRATIVE & GENERAL	6	
45 CHARITABLE CONTRIBUTIONS	A	-100	ADMINISTRATIVE & GENERAL	6	
46 PENALTIES	A	2,987	ADMINISTRATIVE & GENERAL	6	
47 NONALLOWABLE LEGAL SERVICES	A	-38,709	ADMINISTRATIVE & GENERAL	6	
48 REMOVE ADVERTISING COSTS	A	-24,782	ADMINISTRATIVE & GENERAL	6	
49 TELEPHONE AND TV DEPRECIATION	A	-1,548	NEW CAP REL COSTS-MVBLE E	4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,944,528			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL INTEREST EXPENSE		710,144	-710,144	11
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	142,484	158,315	-15,831	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	89,042		89,042	9
4	71	HOME HEALTH AGENCY HOME HEALTH FUNCTIONAL AL	2,641		2,641	
4.01	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL BUILDING	4,719		4,719	9
4.02	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL MOVABLE EQUIP	25,310		25,310	9
4.03	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES	256,171	443,618	-187,447	
4.04	6	ADMINISTRATIVE & GENERAL MALPRACTICE	59,175	332,697	-273,522	
5		TOTALS	579,542	1,644,774	-1,065,232	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
1	B	100.00	COMMUNITY HEALTH SYSTEMS	100.00	HOSPITAL COMPANY
2	B	100.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1342
I

I PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/29/2009
I WORKSHEET A-8-2
I GROUP 1

	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	25	ADULTS AND PEDS	296,624	236,624	60,000				
2	40	ANESTHESIA	266,004	266,004					
3	41	RADIOLOGY	1,667	1,667					
4	44	LABORATORY	6,000	6,000					
5	61	ER	432,212		432,212				
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101		TOTAL	1,002,507	510,295	492,212				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS AND PEDS							236,624
2 40	ANESTHESIA							266,004
3 41	RADIOLOGY							1,667
4 44	LABORATORY							6,000
5 61	ER							
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101	TOTAL							510,295

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
I 14-1342 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE FEET	ENTERED
11	DIETARY	7	MEALS SERVED	ENTERED
12	CAFETERIA	8	FTE	ENTERED
14	NURSING ADMINISTRATION	9	NURSING WAGES	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED REQUIS.	ENTERED
16	PHARMACY	11	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS CHARGES	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	444,300	444,300					
005 NEW CAP REL COSTS-MVBLE E	866,127		866,127				
006 EMPLOYEE BENEFITS	799,951	4,098	7,988	812,037			
008 ADMINISTRATIVE & GENERAL	1,995,128	38,412	74,881	132,249	2,240,670	2,240,670	
009 OPERATION OF PLANT	846,040	111,163	216,705	27,148	1,201,056	246,970	1,448,026
010 LAUNDRY & LINEN SERVICE	25,636	8,870	17,291	2,483	54,280	11,161	44,192
011 HOUSEKEEPING	253,649	5,615	10,945	23,614	293,823	60,418	27,974
012 DIETARY	340,960	18,066	35,218	23,120	417,364	85,821	90,011
014 CAFETERIA							
015 NURSING ADMINISTRATION	379,874	5,736	11,181	44,274	441,065	90,695	28,578
016 CENTRAL SERVICES & SUPPLY	86,037	10,344	20,165	7,708	124,254	25,550	51,540
017 PHARMACY	324,537	4,619	9,005	34,453	372,614	76,619	23,015
017 MEDICAL RECORDS & LIBRARY	179,899	10,492	20,453	16,069	226,913	46,659	52,275
025 INPAT ROUTINE SRVC CNTRS							
036 ADULTS & PEDIATRICS	1,234,318	44,211	86,186	107,662	1,472,377	302,761	220,278
037 OTHER LONG TERM CARE	624,421	30,264	58,997	68,508	782,190	160,839	150,788
038 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	269,128	15,348	29,920	23,672	338,068	69,516	76,470
041 RECOVERY ROOM							
041 ANESTHESIOLOGY	9,559				9,559	1,966	
041 RADIOLOGY-DIAGNOSTIC	635,641	20,920	40,783	39,788	737,132	151,574	104,235
041 01 ULTRASOUND							
041 02 CT							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	749,046	10,997	21,439	41,189	822,671	169,163	54,794
049 RESPIRATORY THERAPY	46,261	2,786	5,432	5,102	59,581	12,251	13,882
050 PHYSICAL THERAPY	330,763	15,274	29,776	36,991	412,804	84,884	76,103
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	67,246	3,671	7,156	7,493	85,566	17,595	18,291
055 MEDICAL SUPPLIES CHARGED	69,884				69,884	14,370	
056 DRUGS CHARGED TO PATIENTS	416,737				416,737	85,692	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,213,322	16,122	31,429	79,392	1,340,265	275,595	80,328
063 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC							
063 RURAL HEALTH CLINIC	358,726	13,742	26,788	40,974	440,230	90,523	68,466
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	418,713	5,088	9,918	37,346	471,065	96,864	25,350
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	12,985,903	395,838	771,656	799,235	12,830,168	2,177,486	1,206,570
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,564	3,049		4,613	949	7,794
098 PHYSICIANS' PRIVATE OFFIC		36,453	71,062		107,515	22,108	181,623
100 SENIOR CIRCLE	43,398	8,554	16,674	4,430	73,056	15,022	42,618
100 01 MARKETING	108,140	1,891	3,686	8,372	122,089	25,105	9,421
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	13,137,441	444,300	866,127	812,037	13,137,441	2,240,670	1,448,026

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	109,633						
010	HOUSEKEEPING	1,538	383,753					
011	DIETARY	523	25,106	618,825				
012	CAFETERIA			56,816	56,816			
014	NURSING ADMINISTRATION		7,971		3,170	571,479		
015	CENTRAL SERVICES & SUPPLY		14,375		1,110		216,829	
016	PHARMACY		6,419		1,585		3,811	484,063
017	MEDICAL RECORDS & LIBRARY		14,580		2,579		2,478	
025	INPAT ROUTINE SRVC CNTRS							
036	ADULTS & PEDIATRICS	27,819	61,439	188,592	10,068	236,036	27,789	
036	OTHER LONG TERM CARE	64,146	42,058	343,542	9,604		10,150	
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	2,077	21,329		1,778	51,897	19,805	
040	RECOVERY ROOM							
040	ANESTHESIOLOGY						3,226	
041	RADIOLOGY-DIAGNOSTIC	3,574	29,073		3,777		17,733	
041 01	ULTRASOUND							
041 02	CT							
041 03	MRI							
043	RADIOISOTOPE							
044	LABORATORY		15,283		4,076		53,265	
049	RESPIRATORY THERAPY		3,872		596	11,186	1,955	
050	PHYSICAL THERAPY	4,149	21,226		3,098		7,095	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		5,102		585	16,428	1,051	
055	MEDICAL SUPPLIES CHARGED						26,749	
056	DRUGS CHARGED TO PATIENTS							484,063
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	5,188	22,405		6,710	174,056	25,067	
062	OBSERVATION BEDS (NON-DIS							
063	RURAL HEALTH CLINIC							
063 50	RURAL HEALTH CLINIC	463	19,097		3,457		4,977	
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		7,071		3,507	81,876	11,285	
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	109,477	316,406	588,950	55,700	571,479	216,436	484,063
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		2,174					
098	PHYSICIANS' PRIVATE OFFIC	156	50,658	29,875				
100	SENIOR CIRCLE		11,887		558		393	
100 01	MARKETING		2,628		558			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	109,633	383,753	618,825	56,816	571,479	216,829	484,063

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		17	25	26	27
GENERAL SERVICE COST CNTR					
003	NEW CAP REL COSTS-BLDG &				
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	ADMINISTRATIVE & GENERAL				
008	OPERATION OF PLANT				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
016	PHARMACY				
017	MEDICAL RECORDS & LIBRARY	345,484			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	19,170	2,566,329		2,566,329
036	OTHER LONG TERM CARE	10,697	1,574,014		1,574,014
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	14,520	595,460		595,460
038	RECOVERY ROOM				
040	ANESTHESIOLOGY	1,056	15,807		15,807
041	RADIOLOGY-DIAGNOSTIC	109,359	1,156,457		1,156,457
041	01 ULTRASOUND				
041	02 CT				
041	03 MRI				
043	RADIOISOTOPE				
044	LABORATORY	64,781	1,184,033		1,184,033
049	RESPIRATORY THERAPY	2,105	105,428		105,428
050	PHYSICAL THERAPY	14,171	623,530		623,530
051	OCCUPATIONAL THERAPY				
052	SPEECH PATHOLOGY				
053	ELECTROCARDIOLOGY	10,128	154,746		154,746
055	MEDICAL SUPPLIES CHARGED	6,515	117,518		117,518
056	DRUGS CHARGED TO PATIENTS	42,509	1,029,001		1,029,001
	OUTPAT SERVICE COST CNTRS				
060	CLINIC				
061	EMERGENCY	37,279	1,966,893		1,966,893
062	OBSERVATION BEDS (NON-DIS				
063	RURAL HEALTH CLINIC				
063	50 RURAL HEALTH CLINIC	7,368	634,581		634,581
	OTHER REIMBURS COST CNTRS				
071	HOME HEALTH AGENCY	5,826	702,844		702,844
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS	345,484	12,426,641		12,426,641
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		15,530		15,530
098	PHYSICIANS' PRIVATE OFFIC		391,935		391,935
100	SENIOR CIRCLE		143,534		143,534
100	01 MARKETING		159,801		159,801
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL	345,484	13,137,441		13,137,441

I PROVIDER NO:
 I 14-1342
 I

 I PERIOD:
 I FROM 1/ 1/2008
 I TO 12/31/2008

 I PREPARED 5/29/2009
 I WORKSHEET B
 I PART III

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		4,098	7,988	12,086	12,086		
006	ADMINISTRATIVE & GENERAL		38,412	74,881	113,293	1,967	115,260	
008	OPERATION OF PLANT		111,163	216,705	327,868	404	12,704	340,976
009	LAUNDRY & LINEN SERVICE		8,870	17,291	26,161	37	574	10,406
010	HOUSEKEEPING		5,615	10,945	16,560	351	3,108	6,587
011	DIETARY		18,066	35,218	53,284	344	4,414	21,196
012	CAFETERIA							
014	NURSING ADMINISTRATION		5,736	11,181	16,917	659	4,665	6,729
015	CENTRAL SERVICES & SUPPLY		10,344	20,165	30,509	115	1,314	12,136
016	PHARMACY		4,619	9,005	13,624	513	3,941	5,419
017	MEDICAL RECORDS & LIBRARY		10,492	20,453	30,945	239	2,400	12,309
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		44,211	86,186	130,397	1,602	15,580	51,874
036	OTHER LONG TERM CARE		30,264	58,997	89,261	1,020	8,273	35,507
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		15,348	29,920	45,268	352	3,576	18,007
038	RECOVERY ROOM							
040	ANESTHESIOLOGY						101	
041	RADIOLOGY-DIAGNOSTIC		20,920	40,783	61,703	592	7,797	24,545
041	01 ULTRASOUND							
041	02 CT							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY		10,997	21,439	32,436	613	8,701	12,903
049	RESPIRATORY THERAPY		2,786	5,432	8,218	76	630	3,269
050	PHYSICAL THERAPY		15,274	29,776	45,050	551	4,366	17,920
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		3,671	7,156	10,827	112	905	4,307
055	MEDICAL SUPPLIES CHARGED						739	
056	DRUGS CHARGED TO PATIENTS						4,408	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
061	EMERGENCY		16,122	31,429	47,551	1,182	14,176	18,915
062	OBSERVATION BEDS (NON-DIS							
063	RURAL HEALTH CLINIC							
063	50 RURAL HEALTH CLINIC		13,742	26,788	40,530	610	4,656	16,122
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY		5,088	9,918	15,006	556	4,982	5,969
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		395,838	771,656	1,167,494	11,895	112,010	284,120
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		1,564	3,049	4,613		49	1,835
098	PHYSICIANS' PRIVATE OFFIC		36,453	71,062	107,515		1,137	42,768
100	SENIOR CIRCLE		8,554	16,674	25,228	66	773	10,035
100	01 MARKETING		1,891	3,686	5,577	125	1,291	2,218
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		444,300	866,127	1,310,427	12,086	115,260	340,976

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	37,178						
011	HOUSEKEEPING	522	27,128					
012	DIETARY	177	1,775	81,190				
014	CAFETERIA			7,454	7,454			
015	NURSING ADMINISTRATION		563		416	29,949		
016	CENTRAL SERVICES & SUPPLY		1,016		146		45,236	
017	PHARMACY		454		208		795	24,954
025	MEDICAL RECORDS & LIBRARY		1,031		338		517	
036	INPAT ROUTINE SRVC CNTRS							
037	ADULTS & PEDIATRICS	9,434	4,342	24,743	1,321	12,369	5,798	
038	OTHER LONG TERM CARE	21,753	2,973	45,073	1,260		2,117	
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	704	1,508		233	2,720	4,132	
041	RECOVERY ROOM							
041	ANESTHESIOLOGY						673	
041	RADIOLOGY-DIAGNOSTIC	1,212	2,055		496		3,700	
041	01 ULTRASOUND							
041	02 CT							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY		1,080		535		11,112	
049	RESPIRATORY THERAPY		274		78	586	408	
050	PHYSICAL THERAPY	1,407	1,501		406		1,480	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		361		77	861	219	
055	MEDICAL SUPPLIES CHARGED						5,581	
056	DRUGS CHARGED TO PATIENTS							24,954
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	1,759	1,584		880	9,122	5,230	
062	OBSERVATION BEDS (NON-DIS							
063	RURAL HEALTH CLINIC							
063	50 RURAL HEALTH CLINIC	157	1,350		454		1,038	
071	OTHER REIMBURS COST CNTRS							
095	HOME HEALTH AGENCY		500		460	4,291	2,354	
096	SPEC PURPOSE COST CENTERS							
098	SUBTOTALS	37,125	22,367	77,270	7,308	29,949	45,154	24,954
100	NONREIMBURS COST CENTERS							
101	GIFT, FLOWER, COFFEE SHOP		154					
102	PHYSICIANS' PRIVATE OFFIC	53	3,581	3,920				
103	SENIOR CIRCLE		840		73		82	
103	01 MARKETING		186		73			
103	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	37,178	27,128	81,190	7,454	29,949	45,236	24,954

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	25	26	27
003	GENERAL SERVICE COST CNTR				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
008	ADMINISTRATIVE & GENERAL				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
015	NURSING ADMINISTRATION				
016	CENTRAL SERVICES & SUPPLY				
017	PHARMACY				
	MEDICAL RECORDS & LIBRARY	47,779			
	INPAT ROUTINE SRVC CNTRS				
025	ADULTS & PEDIATRICS	2,650	260,110		260,110
036	OTHER LONG TERM CARE	1,479	208,716		208,716
	ANCILLARY SRVC COST CNTRS				
037	OPERATING ROOM	2,007	78,507		78,507
038	RECOVERY ROOM				
040	ANESTHESIOLOGY	146	920		920
041	RADIOLOGY-DIAGNOSTIC	15,138	117,238		117,238
041 01	ULTRASOUND				
041 02	CT				
041 03	MRI				
043	RADIOISOTOPE				
044	LABORATORY	8,955	76,335		76,335
049	RESPIRATORY THERAPY	291	13,830		13,830
050	PHYSICAL THERAPY	1,959	74,640		74,640
051	OCCUPATIONAL THERAPY				
052	SPEECH PATHOLOGY				
053	ELECTROCARDIOLOGY	1,400	19,069		19,069
055	MEDICAL SUPPLIES CHARGED	901	7,221		7,221
056	DRUGS CHARGED TO PATIENTS	5,876	35,238		35,238
	OUTPAT SERVICE COST CNTRS				
060	CLINIC				
061	EMERGENCY	5,153	105,552		105,552
062	OBSERVATION BEDS (NON-DIS				
063	RURAL HEALTH CLINIC				
063 50	RURAL HEALTH CLINIC	1,019	65,936		65,936
	OTHER REIMBURS COST CNTRS				
071	HOME HEALTH AGENCY	805	34,923		34,923
	SPEC PURPOSE COST CENTERS				
095	SUBTOTALS	47,779	1,098,235		1,098,235
	NONREIMBURS COST CENTERS				
096	GIFT, FLOWER, COFFEE SHOP		6,651		6,651
098	PHYSICIANS' PRIVATE OFFIC		158,974		158,974
100	SENIOR CIRCLE		37,097		37,097
100 01	MARKETING		9,470		9,470
101	CROSS FOOT ADJUSTMENTS				
102	NEGATIVE COST CENTER				
103	TOTAL	47,779	1,310,427		1,310,427

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-1342
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/29/2009
I WORKSHEET B-1
I

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		(SQUARE FEET	(SQUARE)FEET	(GROSS)SALARIES		(ACCUM. COST	(SQUARE)FEET
		3	4	5	6a.00	6	8
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	84,356					
005	NEW CAP REL COSTS-MVB		84,356				
006	EMPLOYEE BENEFITS	778	778	6,381,067			
008	ADMINISTRATIVE & GENE	7,293	7,293	1,039,218	-2,240,670	10,896,771	
009	OPERATION OF PLANT	21,106	21,106	213,330		1,201,056	55,179
010	LAUNDRY & LINEN SERVI	1,684	1,684	19,511		54,280	1,684
011	HOUSEKEEPING	1,066	1,066	185,559		293,823	1,066
012	DIETARY	3,430	3,430	181,682		417,364	3,430
014	CAFETERIA						
015	NURSING ADMINISTRATIO	1,089	1,089	347,907		441,065	1,089
016	CENTRAL SERVICES & SU	1,964	1,964	60,573		124,254	1,964
017	PHARMACY	877	877	270,737		372,614	877
025	MEDICAL RECORDS & LIB	1,992	1,992	126,269		226,913	1,992
036	INPAT ROUTINE SRVC CN						
037	ADULTS & PEDIATRICS	8,394	8,394	846,022		1,472,377	8,394
038	OTHER LONG TERM CARE	5,746	5,746	538,345		782,190	5,746
037	ANCILLARY SRVC COST C	2,914	2,914	186,015		338,068	2,914
038	OPERATING ROOM						
040	RECOVERY ROOM					9,559	
041	ANESTHESIOLOGY	3,972	3,972	312,660		737,132	3,972
041	RADIOLOGY-DIAGNOSTIC						
041	01 ULTRASOUND						
041	02 CT						
041	03 MRI						
043	RADIOISOTOPE						
044	LABORATORY	2,088	2,088	323,670		822,671	2,088
049	RESPIRATORY THERAPY	529	529	40,094		59,581	529
050	PHYSICAL THERAPY	2,900	2,900	290,677		412,804	2,900
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	697	697	58,883		85,566	697
055	MEDICAL SUPPLIES CHAR					69,884	
056	DRUGS CHARGED TO PATI					416,737	
060	OUTPAT SERVICE COST C						
061	CLINIC						
062	EMERGENCY	3,061	3,061	623,870		1,340,265	3,061
063	OBSERVATION BEDS (NON						
063	RURAL HEALTH CLINIC						
063	50 RURAL HEALTH CLINIC	2,609	2,609	321,976		440,230	2,609
071	OTHER REIMBURS COST C						
095	HOME HEALTH AGENCY	966	966	293,469		471,065	966
095	SPEC PURPOSE COST CEN						
096	SUBTOTALS	75,155	75,155	6,280,467	-2,240,670	10,589,498	45,978
096	NONREIMBURS COST CENT						
098	GIFT, FLOWER, COFFEE	297	297			4,613	297
100	PHYSICIANS' PRIVATE O	6,921	6,921			107,515	6,921
100	SENIOR CIRCLE	1,624	1,624	34,814		73,056	1,624
100	01 MARKETING	359	359	65,786		122,089	359
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	444,300	866,127	812,037		2,240,670	1,448,026
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	5.266964		.127257		.205627	
105	(WRKSHT B, PT I)		10.267521				26.242339
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
107	UNIT COST MULTIPLIER			12,086		115,260	340,976
107	(WRKSHT B, PT II)						
108	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)			.001894		.010577	6.179452
108	UNIT COST MULTIPLIER						
108	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 14-1342
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/29/2009
I WORKSHEET B-1
I

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		(POUNDS OF LAUNDRY	(SQUARE) FEET	(MEALS) SERVED	(FTE)	(NURSING) WAGES	(COSTED) REQUIS.	(COSTED) REQUIS.
		9	10	11	12	14	15	16
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENE							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVI	49,045						
011	HOUSEKEEPING	688	52,429					
012	DIETARY	234	3,430	40,724				
014	CAFETERIA			3,739	10,288			
015	NURSING ADMINISTRATIO		1,089		574	2,048,353		
016	CENTRAL SERVICES & SU		1,964		201		326,558	
017	PHARMACY		877		287		5,740	416,737
025	MEDICAL RECORDS & LIB		1,992		467		3,732	
036	INPAT ROUTINE SRVC CN							
	ADULTS & PEDIATRICS	12,445	8,394	12,411	1,823	846,022	41,852	
	OTHER LONG TERM CARE	28,696	5,746	22,608	1,739		15,286	
037	ANCILLARY SRVC COST C	929	2,914		322	186,015	29,828	
038	OPERATING ROOM							
040	RECOVERY ROOM							
041	ANESTHESIOLOGY						4,858	
041	RADIOLOGY-DIAGNOSTIC	1,599	3,972		684		26,707	
041	01 ULTRASOUND							
041	02 CT							
041	03 MRI							
043	RADIOISOTOPE							
044	LABORATORY		2,088		738		80,222	
049	RESPIRATORY THERAPY		529		108	40,094	2,944	
050	PHYSICAL THERAPY	1,856	2,900		561		10,685	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY		697		106	58,883	1,583	
055	MEDICAL SUPPLIES CHAR						40,286	
056	DRUGS CHARGED TO PATI							416,737
060	OUTPAT SERVICE COST C							
061	CLINIC							
062	EMERGENCY	2,321	3,061		1,215	623,870	37,752	
063	OBSERVATION BEDS (NON							
063	RURAL HEALTH CLINIC	207	2,609		626		7,495	
071	OTHER REIMBURS COST C		966		635	293,469	16,996	
095	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CEN							
	SUBTOTALS	48,975	43,228	38,758	10,086	2,048,353	325,966	416,737
096	NONREIMBURS COST CENT							
098	GIFT, FLOWER, COFFEE		297					
100	PHYSICIANS' PRIVATE O	70	6,921	1,966				
100	SENIOR CIRCLE		1,624		101		592	
101	01 MARKETING		359		101			
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
104	COST TO BE ALLOCATED	109,633	383,753	618,825	56,816	571,479	216,829	484,063
	(WRKSHT B, PART I)							
105	UNIT COST MULTIPLIER		7.319480		5.522551		.663983	
106	(WRKSHT B, PT I)	2.235355		15.195585		.278994		1.161555
107	COST TO BE ALLOCATED							
108	(WRKSHT B, PART II)							
	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
109	COST TO BE ALLOCATED	37,178	27,128	81,190	7,454	29,949	45,236	24,954
	(WRKSHT B, PART III)							
110	UNIT COST MULTIPLIER		.517424		.724533		.138524	
	(WRKSHT B, PT III)	.758039		1.993665		.014621		.059879

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-1342

I PERIOD:

I FROM 1/ 1/2008

I TO 12/31/2008

I PREPARED 5/29/2009

I WORKSHEET B-1

COST CENTER
DESCRIPTIONMEDICAL RECOR
DS & LIBRARY(GROSS
CHARGES)

17

003	GENERAL SERVICE COST	
004	NEW CAP REL COSTS-BLD	
005	NEW CAP REL COSTS-MVB	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENE	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVI	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATIO	
016	CENTRAL SERVICES & SU	
017	PHARMACY	
025	MEDICAL RECORDS & LIB	41,820,622
036	INPAT ROUTINE SRVC CN	
	ADULTS & PEDIATRICS	2,320,494
	OTHER LONG TERM CARE	1,294,847
<hr/>		
037	ANCILLARY SRVC COST C	
038	OPERATING ROOM	1,757,678
040	RECOVERY ROOM	
041	ANESTHESIOLOGY	127,872
041	RADIOLOGY-DIAGNOSTIC	13,237,260
041 01	ULTRASOUND	
041 02	CT	
041 03	MRI	
043	RADIOISOTOPE	
044	LABORATORY	7,841,811
049	RESPIRATORY THERAPY	254,862
050	PHYSICAL THERAPY	1,715,431
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	
053	ELECTROCARDIOLOGY	1,226,062
055	MEDICAL SUPPLIES CHAR	788,655
056	DRUGS CHARGED TO PATI	5,145,792
060	OUTPAT SERVICE COST C	
061	CLINIC	
062	EMERGENCY	4,512,680
063	OBSERVATION BEDS (NON	
063	RURAL HEALTH CLINIC	
063 50	RURAL HEALTH CLINIC	891,943
	OTHER REIMBURS COST C	
071	HOME HEALTH AGENCY	705,235
095	SPEC PURPOSE COST CEN	
	SUBTOTALS	41,820,622
	NONREIMBURS COST CENT	
096	GIFT, FLOWER, COFFEE	
098	PHYSICIANS' PRIVATE O	
100	SENIOR CIRCLE	
100 01	MARKETING	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOCATED	345,484
	(PER WRKSHT B, PART	
104	UNIT COST MULTIPLIER	
	(WRKSHT B, PT I)	.008261
105	COST TO BE ALLOCATED	
	(PER WRKSHT B, PART	
106	UNIT COST MULTIPLIER	
	(WRKSHT B, PT II)	
107	COST TO BE ALLOCATED	47,779
	(PER WRKSHT B, PART	
108	UNIT COST MULTIPLIER	
	(WRKSHT B, PT III)	.001142

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 I 14-1342 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
36	ADULTS & PEDIATRICS	2,566,329		2,566,329		2,566,329
	OTHER LONG TERM CARE	1,574,014		1,574,014		1,574,014
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	595,460		595,460		595,460
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	15,807		15,807		15,807
41	RADIOLOGY-DIAGNOSTIC	1,156,457		1,156,457		1,156,457
41	01 ULTRASOUND					
41	02 CT					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	1,184,033		1,184,033		1,184,033
49	RESPIRATORY THERAPY	105,428		105,428		105,428
50	PHYSICAL THERAPY	623,530		623,530		623,530
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	154,746		154,746		154,746
55	MEDICAL SUPPLIES CHARGED	117,518		117,518		117,518
56	DRUGS CHARGED TO PATIENTS	1,029,001		1,029,001		1,029,001
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,966,893		1,966,893		1,966,893
62	OBSERVATION BEDS (NON-DIS	85,950		85,950		85,950
63	RURAL HEALTH CLINIC					
63	50 RURAL HEALTH CLINIC	634,581		634,581		634,581
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	11,809,747		11,809,747		11,809,747
102	LESS OBSERVATION BEDS	85,950		85,950		85,950
103	TOTAL	11,723,797		11,723,797		11,723,797

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 I 14-1342 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
36	ADULTS & PEDIATRICS	2,320,494		2,320,494			
	OTHER LONG TERM CARE	1,294,847		1,294,847			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	378,355	1,379,323	1,757,678	.338776	.338776	.338776
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	32,935	94,937	127,872	.123616	.123616	.123616
41	RADIOLOGY-DIAGNOSTIC	1,282,027	11,955,233	13,237,260	.087364	.087364	.087364
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,591,099	6,250,712	7,841,811	.150990	.150990	.150990
49	RESPIRATORY THERAPY	167,046	87,816	254,862	.413667	.413667	.413667
50	PHYSICAL THERAPY	329,674	1,385,757	1,715,431	.363483	.363483	.363483
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	520,941	705,121	1,226,062	.126214	.126214	.126214
55	MEDICAL SUPPLIES CHARGED	606,786	181,869	788,655	.149011	.149011	.149011
56	DRUGS CHARGED TO PATIENTS	2,450,319	2,695,473	5,145,792	.199969	.199969	.199969
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	13,602	4,499,078	4,512,680	.435859	.435859	.435859
62	OBSERVATION BEDS (NON-DIS	52,051	339,972	392,023	.219247	.219247	.219247
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC		891,943	891,943	.711459	.711459	.711459
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,040,176	30,467,234	41,507,410			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,040,176	30,467,234	41,507,410			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-1342
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/29/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
36	ADULTS & PEDIATRICS	2,566,329		2,566,329		2,566,329
	OTHER LONG TERM CARE	1,574,014		1,574,014		1,574,014
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	595,460		595,460		595,460
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	15,807		15,807		15,807
41	RADIOLOGY-DIAGNOSTIC	1,156,457		1,156,457		1,156,457
41	01 ULTRASOUND					
41	02 CT					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	1,184,033		1,184,033		1,184,033
49	RESPIRATORY THERAPY	105,428		105,428		105,428
50	PHYSICAL THERAPY	623,530		623,530		623,530
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	154,746		154,746		154,746
55	MEDICAL SUPPLIES CHARGED	117,518		117,518		117,518
56	DRUGS CHARGED TO PATIENTS	1,029,001		1,029,001		1,029,001
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,966,893		1,966,893		1,966,893
62	OBSERVATION BEDS (NON-DIS	85,950		85,950		85,950
63	RURAL HEALTH CLINIC					
63	50 RURAL HEALTH CLINIC	634,581		634,581		634,581
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	11,809,747		11,809,747		11,809,747
102	LESS OBSERVATION BEDS	85,950		85,950		85,950
103	TOTAL	11,723,797		11,723,797		11,723,797

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	595,460	78,507	516,953			595,460
40	RECOVERY ROOM						
41	ANESTHESIOLOGY	15,807	920	14,887			15,807
41	RADIOLOGY-DIAGNOSTIC	1,156,457	117,238	1,039,219			1,156,457
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,184,033	76,335	1,107,698			1,184,033
49	RESPIRATORY THERAPY	105,428	13,830	91,598			105,428
50	PHYSICAL THERAPY	623,530	74,640	548,890			623,530
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	154,746	19,069	135,677			154,746
55	MEDICAL SUPPLIES CHARGED	117,518	7,221	110,297			117,518
56	DRUGS CHARGED TO PATIENTS	1,029,001	35,238	993,763			1,029,001
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,966,893	105,552	1,861,341			1,966,893
62	OBSERVATION BEDS (NON-DIS	85,950		85,950			85,950
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC	634,581	65,936	568,645			634,581
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,669,404	594,486	7,074,918			7,669,404
102	LESS OBSERVATION BEDS	85,950		85,950			85,950
103	TOTAL	7,583,454	594,486	6,988,968			7,583,454

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	1,757,678	.338776	.338776
40	RECOVERY ROOM			
41	ANESTHESIOLOGY	127,872	.123616	.123616
41	RADIOLOGY-DIAGNOSTIC	13,237,260	.087364	.087364
41	01 ULTRASOUND			
41	02 CT			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	7,841,811	.150990	.150990
49	RESPIRATORY THERAPY	254,862	.413667	.413667
50	PHYSICAL THERAPY	1,715,431	.363483	.363483
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,226,062	.126214	.126214
55	MEDICAL SUPPLIES CHARGED	788,655	.149011	.149011
56	DRUGS CHARGED TO PATIENTS	5,145,792	.199969	.199969
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,512,680	.435859	.435859
62	OBSERVATION BEDS (NON-DIS	392,023	.219247	.219247
63	RURAL HEALTH CLINIC			
63	50 RURAL HEALTH CLINIC	891,943	.711459	.711459
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	37,892,069		
102	LESS OBSERVATION BEDS	392,023		
103	TOTAL	37,500,046		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	595,460	78,507	516,953			595,460
40	RECOVERY ROOM						
41	ANESTHESIOLOGY	15,807	920	14,887			15,807
41	RADIOLOGY-DIAGNOSTIC	1,156,457	117,238	1,039,219			1,156,457
41	01 ULTRASOUND						
41	02 CT						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,184,033	76,335	1,107,698			1,184,033
49	RESPIRATORY THERAPY	105,428	13,830	91,598			105,428
50	PHYSICAL THERAPY	623,530	74,640	548,890			623,530
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	154,746	19,069	135,677			154,746
55	MEDICAL SUPPLIES CHARGED	117,518	7,221	110,297			117,518
56	DRUGS CHARGED TO PATIENTS	1,029,001	35,238	993,763			1,029,001
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,966,893	105,552	1,861,341			1,966,893
62	OBSERVATION BEDS (NON-DIS	85,950		85,950			85,950
63	RURAL HEALTH CLINIC						
63	50 RURAL HEALTH CLINIC	634,581	65,936	568,645			634,581
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,669,404	594,486	7,074,918			7,669,404
102	LESS OBSERVATION BEDS	85,950		85,950			85,950
103	TOTAL	7,583,454	594,486	6,988,968			7,583,454

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,757,678	.338776	.338776
38	RECOVERY ROOM			
40	ANESTHESIOLOGY	127,872	.123616	.123616
41	RADIOLOGY-DIAGNOSTIC	13,237,260	.087364	.087364
41 01	ULTRASOUND			
41 02	CT			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	7,841,811	.150990	.150990
49	RESPIRATORY THERAPY	254,862	.413667	.413667
50	PHYSICAL THERAPY	1,715,431	.363483	.363483
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,226,062	.126214	.126214
55	MEDICAL SUPPLIES CHARGED	788,655	.149011	.149011
56	DRUGS CHARGED TO PATIENTS	5,145,792	.199969	.199969
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,512,680	.435859	.435859
62	OBSERVATION BEDS (NON-DIS	392,023	.219247	.219247
63	RURAL HEALTH CLINIC			
63 50	RURAL HEALTH CLINIC	891,943	.711459	.711459
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	37,892,069		
102	LESS OBSERVATION BEDS	392,023		
103	TOTAL	37,500,046		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	595,460	1,757,678			
38	RECOVERY ROOM					
40	ANESTHESIOLOGY	15,807	127,872			
41	RADIOLOGY-DIAGNOSTIC	1,156,457	13,237,260			
41 01	ULTRASOUND					
41 02	CT					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	1,184,033	7,841,811			
49	RESPIRATORY THERAPY	105,428	254,862			
50	PHYSICAL THERAPY	623,530	1,715,431			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	154,746	1,226,062			
55	MEDICAL SUPPLIES CHARGED	117,518	788,655			
56	DRUGS CHARGED TO PATIENTS	1,029,001	5,145,792			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,966,893	4,512,680			
62	OBSERVATION BEDS (NON-DIS	85,950	392,023			
63	RURAL HEALTH CLINIC					
63 50	RURAL HEALTH CLINIC	634,581	891,943			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	7,669,404	37,892,069			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/29/2009
I	14-1342	I	FROM 1/ 1/2008	I	WORKSHEET C	
I		I	TO 12/31/2008	I	PART V	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	595,460		595,460	1,757,678			
38	RECOVERY ROOM							
40	ANESTHESIOLOGY	15,807	266,004	281,811	127,872			
41	RADIOLOGY-DIAGNOSTIC	1,156,457	1,667	1,158,124	13,237,260			
41 01	ULTRASOUND							
41 02	CT							
41 03	MRI							
43	RADIOISOTOPE							
44	LABORATORY	1,184,033	6,000	1,190,033	7,841,811			
49	RESPIRATORY THERAPY	105,428		105,428	254,862			
50	PHYSICAL THERAPY	623,530		623,530	1,715,431			
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	154,746		154,746	1,226,062			
55	MEDICAL SUPPLIES CHARGED	117,518		117,518	788,655			
56	DRUGS CHARGED TO PATIENTS	1,029,001		1,029,001	5,145,792			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY	1,966,893		1,966,893	4,512,680			
62	OBSERVATION BEDS (NON-DIS	85,950		85,950	392,023			
63	RURAL HEALTH CLINIC							
63 50	RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	7,034,823	273,671	7,308,494	37,000,126			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

HOSPITAL

	Cost Center Description
(A)	ANCILLARY SRVC COST CNTRS
37	OPERATING ROOM
38	RECOVERY ROOM
40	ANESTHESIOLOGY
41	RADIOLOGY-DIAGNOSTIC
41 01	ULTRASOUND
41 02	CT
41 03	MRI
43	RADIOISOTOPE
44	LABORATORY
49	RESPIRATORY THERAPY
50	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY
52	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED
56	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST CNTRS
60	CLINIC
61	EMERGENCY
62	OBSERVATION BEDS (NON-DIS
63	RURAL HEALTH CLINIC
63 50	RURAL HEALTH CLINIC
101	SUBTOTAL
102	CRNA CHARGES
103	LESS PBP CLINIC LAB SVCS-
	PROGRAM ONLY CHARGES
104	NET CHARGES

TITLE XVIII, PART B

HOSPITAL

		Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	Cost Center Description	4	5	6	7	8
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		495,103			
38	RECOVERY ROOM					
40	ANESTHESIOLOGY		30,925			
41	RADIOLOGY-DIAGNOSTIC		4,244,602			
41 01	ULTRASOUND					
41 02	CT					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY		2,450,794			
49	RESPIRATORY THERAPY		26,191			
50	PHYSICAL THERAPY		474,670			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		410,520			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		84,001			
56	DRUGS CHARGED TO PATIENTS		1,117,174			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		1,315,652			
62	OBSERVATION BEDS (NON-DISTINCT PART)		43,849			
63	RURAL HEALTH CLINIC					
63 50	RURAL HEALTH CLINIC					
101	SUBTOTAL		10,693,481			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		10,693,481			

TITLE XVIII, PART B

HOSPITAL

All Other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	167,729		
38 RECOVERY ROOM			
40 ANESTHESIOLOGY	3,823		
41 RADIOLOGY-DIAGNOSTIC	370,825		
41 01 ULTRASOUND			
41 02 CT			
41 03 MRI			
43 RADIOISOTOPE			
44 LABORATORY	370,045		
49 RESPIRATORY THERAPY	10,834		
50 PHYSICAL THERAPY	172,534		
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY	51,813		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,517		
56 DRUGS CHARGED TO PATIENTS	223,400		
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY	573,439		
62 OBSERVATION BEDS (NON-DISTINCT PART)	9,614		
63 RURAL HEALTH CLINIC			
63 50 RURAL HEALTH CLINIC			
101 SUBTOTAL	1,966,573		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES	1,966,573		

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/29/2009
I	14-1342	I	FROM 1/ 1/2008	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I	
I	14-1342	I		I		

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,001
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,293
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,293
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	708
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,328
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	640
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,566,329
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	454,125
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,112,204

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,615,341
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,615,341
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.584234
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,097.89
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,112,204

PROGRAM INPATIENT ROUTINE SWING BED COST		
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	410,509
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	410,509
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

HOSPITAL

OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE
 SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 134
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 641.42
 85 OBSERVATION BED COST 85,950

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A

HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,709,914	
37	ANCILLARY SRVC COST CNTRS	.338776	170,704	57,830
38	OPERATING ROOM			
40	RECOVERY ROOM	.123616	14,019	1,733
41	ANESTHESIOLOGY	.087364	729,573	63,738
41	RADIOLOGY-DIAGNOSTIC			
41	01 ULTRASOUND			
41	02 CT			
41	03 MRI			
43	RADIOISOTOPE	.150990	982,754	148,386
44	LABORATORY	.413667	131,664	54,465
49	RESPIRATORY THERAPY	.363483	100,035	36,361
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.126214	336,147	42,426
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.149011	443,591	66,100
56	DRUGS CHARGED TO PATIENTS	.199969	1,501,016	300,157
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.435859	157	68
62	OBSERVATION BEDS (NON-DISTINCT PART)	.219247	2,457	539
63	RURAL HEALTH CLINIC			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,412,117	771,803
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		4,412,117	

TITLE XVIII, PART A

SWING BED SNF

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST CNTRS	.338776		
37	OPERATING ROOM			
38	RECOVERY ROOM	.123616		
40	ANESTHESIOLOGY	.087364	13,421	1,173
41	RADIOLOGY-DIAGNOSTIC			
41 01	ULTRASOUND			
41 02	CT			
41 03	MRI			
43	RADIOISOTOPE	.150990	72,303	10,917
44	LABORATORY	.413667	9,068	3,751
49	RESPIRATORY THERAPY	.363483	195,541	71,076
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.126214	1,441	182
53	ELECTROCARDIOLOGY	.149011	36,527	5,443
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.199969	227,321	45,457
56	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.435859		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.219247		
63	RURAL HEALTH CLINIC			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		555,622	137,999
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		555,622	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,966,573
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,966,573

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUCTIONS)	1,986,239
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

18	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	CAH DEDUCTIBLES	59,878
18.01	CAH ACTUAL BILLED COINSURANCE	1,650,440
18.01	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	275,921
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	275,921
24	PRIMARY PAYER PAYMENTS	148
25	SUBTOTAL	275,773

26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	364,396
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	364,396
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	338,371
28	SUBTOTAL	640,169
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	640,169
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,005,990
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-365,821
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII
 HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	1,682,446	3	1,005,990
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,682,446		1,005,990
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		493,802		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99	NONE	NONE
4 TOTAL INTERIM PAYMENTS		493,802		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:

INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON:

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

SWING BED SNF

		PART A	PART B
		1	2
COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	414,614	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	139,379	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	640	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	553,993	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	553,993	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	553,993	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	4,736	
14	80% OF PART B COSTS		
15	SUBTOTAL	549,257	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	549,257	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	493,802	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	55,455	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,265,029
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,265,029
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,287,679
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,287,679
19	COST OF COVERED SERVICES	511,545
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,776,134
23	COINSURANCE	8,192
24	SUBTOTAL	1,767,942
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	83,230
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	62,639
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
26	SUBTOTAL	1,851,172
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,851,172
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,682,446
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	168,726
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
1 CURRENT ASSETS				
2 CASH ON HAND AND IN BANKS	-8,268			
3 TEMPORARY INVESTMENTS				
4 NOTES RECEIVABLE				
5 ACCOUNTS RECEIVABLE	4,671,440			
6 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-627,610			
7 INVENTORY	355,444			
8 PREPAID EXPENSES	69,323			
9 OTHER CURRENT ASSETS	291			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	4,460,620			
12 FIXED ASSETS				
12 LAND				
12.01				
13 LAND IMPROVEMENTS	70,327			
13.01 LESS ACCUMULATED DEPRECIATION	-4,839			
14 BUILDINGS	3,304,483			
14.01 LESS ACCUMULATED DEPRECIATION	-314,374			
15 LEASEHOLD IMPROVEMENTS	3,690,364			
15.01 LESS ACCUMULATED DEPRECIATION	-200,642			
16 FIXED EQUIPMENT	166,585			
16.01 LESS ACCUMULATED DEPRECIATION	-52,981			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	2,644,321			
18.01 LESS ACCUMULATED DEPRECIATION	-891,911			
19 MINOR EQUIPMENT DEPRECIABLE	811,929			
19.01 LESS ACCUMULATED DEPRECIATION	-409,838			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	8,813,424			
22 OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	208,764			
26 TOTAL OTHER ASSETS	208,764			
27 TOTAL ASSETS	13,482,808			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	794,998			
29 SALARIES, WAGES & FEES PAYABLE	719,124			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	8,596,331			
35 OTHER CURRENT LIABILITIES	65,655			
36 TOTAL CURRENT LIABILITIES	10,176,108			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	10,176,108			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	3,306,700			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	3,306,700			
52 TOTAL LIABILITIES AND FUND BALANCES	13,482,808			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3
1 FUND BALANCE AT BEGINNING		1,786,924
2 OF PERIOD		
3 NET INCOME (LOSS)		1,546,921
4 TOTAL		3,333,845
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		3,333,845
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM	27,145	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		27,145
19 FUND BALANCE AT END OF		3,306,700
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6 7
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00 HOSPITAL	2,320,494		2,320,494
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
8	00 OTHER LONG TERM CARE	1,294,847		1,294,847
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,615,341		3,615,341
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,615,341		3,615,341
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	7,424,835		7,424,835
17	00 ANCILLARY SERVICES		29,575,291	29,575,291
18	00 OUTPATIENT SERVICES		891,943	891,943
18	50 RURAL HEALTH CLINIC		705,235	705,235
19	00 HOME HEALTH AGENCY			
24	00			
25	00 TOTAL PATIENT REVENUES	11,040,176	31,172,469	42,212,645

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	17,081,969
		ADD (SPECIFY)	
27	00	ADD (SPECIFY)	
28	00		
29	00		
30	00		
31	00		
32	00		
33	00	TOTAL ADDITIONS	
		DEDUCT (SPECIFY)	
34	00	DEDUCT (SPECIFY)	
35	00		
36	00		
37	00		
38	00		
39	00	TOTAL DEDUCTIONS	
40	00	TOTAL OPERATING EXPENSES	17,081,969

1	TOTAL PATIENT REVENUES	42,212,645
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	24,081,400
3	NET PATIENT REVENUES	18,131,245
4	LESS: TOTAL OPERATING EXPENSES	17,081,969
5	NET INCOME FROM SERVICE TO PATIENTS	1,049,276
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	497,645
25	TOTAL OTHER INCOME	497,645
26	TOTAL	1,546,921
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,546,921

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	100,940	23,950			28,828	153,718
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	123,374	29,272			35,235	187,881
7 PHYSICAL THERAPY	69,116	16,399			19,739	105,254
8 OCCUPATIONAL THERAPY	37	9			10	56
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE						
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	293,467	69,630			83,812	446,909

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST-BLDG & FIX				
2 CAP-REL COST-MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL	-11,348	142,370	-16,848	125,522
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		187,881		187,881
7 PHYSICAL THERAPY		105,254		105,254
8 OCCUPATIONAL THERAPY		56		56
9 SPEECH PATHOLOGY				
10 MEDICAL SOCIAL SERVICES				
11 HOME HEALTH AIDE				
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)	-11,348	435,561	-16,848	418,713

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL	125,522					125,522	125,522
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	187,881					187,881	80,436
7 PHYSICAL THERAPY	105,254					105,254	45,062
8 OCCUPATIONAL THERAPY	56					56	24
9 SPEECH PATHOLOGY							
10 MEDICAL SOCIAL SERVICES							
11 HOME HEALTH AIDE							
12 SUPPLIES							
13 DRUGS							
13.20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23.50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)	418,713					418,713	

TOTAL

6

GENERAL SERVICE COST CENTERS	
1 CAP-REL COST-BLDG & FIX	
2 CAP-REL COST-MOV EQUIP	
3 PLANT OPER & MAINT	
4 TRANSPORTATION	
5 ADMINISTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES	
6 SKILLED NURSING CARE	268,317
7 PHYSICAL THERAPY	150,316
8 OCCUPATIONAL THERAPY	80
9 SPEECH PATHOLOGY	
10 MEDICAL SOCIAL SERVICES	
11 HOME HEALTH AIDE	
12 SUPPLIES	
13 DRUGS	
13.20 COST ADMINISTERING DRUGS	
14 DME	
HHA NONREIMBURSABLE SERVICES	
15 HOME DIALYSIS AIDE SVCS	
16 RESPIRATORY THERAPY	
17 PRIVATE DUTY NURSING	
18 CLINIC	
19 HEALTH PROM ACTIVITIES	
20 DAY CARE PROGRAM	
21 HOME DEL MEALS PROGRAM	
22 HOMEMAKER SERVICE	
23 ALL OTHERS	
23.50 TELEMEDICINE	
24 TOTAL (SUM OF LINES 1-23)	418,713

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE (RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					-125,522	293,191
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						187,881
7 PHYSICAL THERAPY						105,254
8 OCCUPATIONAL THERAPY						56
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE						
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE					-125,522	293,191
24 TOTAL (SUM OF LINES 1-23)						125,522
25 COST TO BE ALLOCATED						.428124
26 UNIT COST MULTIPLIER						

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR UNION COUNTY HOSPITAL DISTRICT

IN LIEU OF FORM CMS-2552-96 (05/2007)
 PROVIDER NO: 14-1342
 HHA NO: 14-7571
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/29/2009
 WORKSHEET H-5
 PART I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6
1 ADMIN & GENERAL		5,088	9,918	12,845	27,851	5,727
2 SKILLED NURSING CARE	268,317			15,701	284,018	58,402
3 PHYSICAL THERAPY	150,316			8,795	159,111	32,718
4 OCCUPATIONAL THERAPY	80			5	85	17
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	418,713	5,088	9,918	37,346	471,065	96,864
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1 ADMIN & GENERAL	25,350		7,071		3,507	81,876
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	25,350		7,071		3,507	81,876
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR UNION COUNTY HOSPITAL DISTRICT IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 I 14-1342 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 14-7571 I I

HHA 1

HHA COST CENTER	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL	11,285		5,826	86,617		86,617
2 SKILLED NURSING CARE				424,296		424,296
3 PHYSICAL THERAPY				191,829		191,829
4 OCCUPATIONAL THERAPY				102		102
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	11,285		5,826	702,844		702,844
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	59,640	483,936
3 PHYSICAL THERAPY	26,963	218,792
4 OCCUPATIONAL THERAPY	14	116
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	86,617	702,844
21 UNIT COST MULTIPLIER	0.140560	

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

FOR UNION COUNTY HOSPITAL DISTRICT

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 I 14-1342 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 14-7571 I I

HHA 1

HHA COST CENTER		NEW CAP REL COSTS-BLDG & (SQUARE FEET 3)	NEW CAP REL COSTS-MVBLE (SQUARE FEET 4)	EMPLOYEE BEN EFITS (GROSS SALARIES 5)	RECONCILIATI ON 6A	ADMINISTRATI VE & GENERAL (ACCUM. COST 6)	OPERATION OF PLANT (SQUARE FEET 8)
1	ADMIN & GENERAL	966	966	100,941		27,851	966
2	SKILLED NURSING CARE			123,375		284,018	
3	PHYSICAL THERAPY			69,116		159,111	
4	OCCUPATIONAL THERAPY			37		85	
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	966	966	293,469		471,065	966
21	COST TO BE ALLOCATED	5,088	9,918	37,346		96,864	25,350
22	UNIT COST MULTIPLIER	5.267081	10.267081	0.127257		0.205628	26.242236

HHA COST CENTER		LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY 9)	HOUSEKEEPING (SQUARE FEET 10)	DIETARY (MEALS SERVED 11)	CAFETERIA (FTE 12)	NURSING ADMI NISTRATION (NURSING WAGES 14)	CENTRAL SERV ICES & SUPPL (COSTED REQUIS. 15)
1	ADMIN & GENERAL		966		635		16,996
2	SKILLED NURSING CARE					293,469	
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)		966		635	293,469	16,996
21	COST TO BE ALLOCATED		7,071		3,507	81,876	11,285
22	UNIT COST MULTIPLIER		7.319876		5.522835	0.278994	0.663980

Health Financial Systems MCRIF32
ALLOCATION OF GENERAL SERVICE
COSTS TO HHA COST CENTERS
STATISTICAL BASIS

FOR UNION COUNTY HOSPITAL DISTRICT

IN LIEU OF FORM CMS-2552-96 (05/2007)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/29/2009
I	14-1342	I	FROM 1/ 1/2008	I	WORKSHEET	H-5
I	HHA NO:	I	TO 12/31/2008	I	PART II	
I	14-7571	I		I		

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16	MEDICAL RECO RDS & LIBRAR (GROSS CHARGES 17
1 ADMIN & GENERAL		705,235
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)		705,235
21 COST TO BE ALLOCATED		5,826
22 UNIT COST MULTIPLIER		0.008261

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES								PART A
1	SKILLED NURSING	2	483,936	2	483,936	1,830	264.45	891
2	PHYSICAL THERAPY	3	218,792		218,792	1,050	208.37	635
3	OCCUPATIONAL THERAPY	4	116		116	196	.59	124
4	SPEECH PATHOLOGY	5				15		2
5	MEDICAL SOCIAL SERVICES	6						
6	HOME HEALTH AIDE SERVICE	7						
7	TOTAL		702,844		702,844	3,091		1,652

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
1	SKILLED NURSING		939	235,625	248,319	483,944
2	PHYSICAL THERAPY		415	132,315	86,474	218,789
3	OCCUPATIONAL THERAPY		72	73	42	115
4	SPEECH PATHOLOGY		13			
5	MEDICAL SOCIAL SERVICES					
6	HOME HEALTH AIDE SERVICES					
7	TOTAL		1,439	368,013	334,835	702,848

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
8	SKILLED NURSING						
9	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	PART A 9	10	11
8	SKILLED NURSING					
9	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
14	TOTAL					

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2009
 I 14-1342 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 14-7571 I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES----- -----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.363483			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.149011			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.199969			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 2.01	1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 3.01	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	208.37					
2 OCCUPATIONAL THERAPY	3	.59					
3 SPEECH PATHOLOGY	4						
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART A

PART B
NOT SUBJECT TO
DED & COINS

PART B
SUBJECT TO
DED & COINS

1

2

3

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 9 PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

- 10 TOTAL REASONABLE COST
- 10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS
- 10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS
- 10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES
- 10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES
- 10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
- 10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES
- 10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS
- 10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES
- 10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE
- 10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES
- 10.11 TOTAL OTHER PAYMENTS
- 10.12 DME PAYMENTS
- 10.13 OXYGEN PAYMENTS
- 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS
- 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)
- 12 SUBTOTAL
- 13 EXCESS REASONABLE COST
- 14 SUBTOTAL
- 15 COINSURANCE BILLED TO PROGRAM PATIENTS
- 16 NET COST
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD
- 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION
- 21 OTHER ADJUSTMENTS (SPECIFY)
- 22 SUBTOTAL
- 23 SEQUESTRATION ADJUSTMENT
- 24 SUBTOTAL
- 25 INTERIM PAYMENTS
- 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 26 BALANCE DUE PROVIDER/PROGRAM
- 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	18,294		18,294	
3 PHYSICIAN ASSISTANT	46,571		46,571	
4 NURSE PRACTITIONER	147,616		147,616	
5 VISITING NURSE				
6 OTHER NURSE	62,892		62,892	
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN	46,603		46,603	
10 OTHER FACILITY HEALTH CARE STAFF COSTS	321,976		321,976	
11 SUBTOTAL (SUM OF LINES 1-9)				
12 COSTS UNDER AGREEMENT				
13 PHYSICIAN SERVICES UNDER AGREEMENT		1,302	1,302	
14 PHYSICIAN SUPERVISION UNDER AGREEMENT				
15 OTHER COSTS UNDER AGREEMENT		1,302	1,302	
16 SUBTOTAL (SUM OF LINES 11-13)				
17 OTHER HEALTH CARE COSTS				
18 MEDICAL SUPPLIES				
19 TRANSPORTATION (HEALTH CARE STAFF)		440	440	
20 DEPRECIATION-MEDICAL EQUIPMENT				
21 PROFESSIONAL LIABILITY INSURANCE				
22 OTHER HEALTH CARE COSTS				
23 ALLOWABLE GME COSTS				
24 SUBTOTAL (SUM OF LINES 15-20)		440	440	
25 TOTAL COST OF HEALTH CARE SERVICES	321,976	1,742	323,718	
26 (SUM OF LINES 10, 14, AND 21)				
27 COSTS OTHER THAN RHC/FQHC SERVICES				
28 PHARMACY				
29 DENTAL				
30 OPTOMETRY				
31 ALL OTHER NONREIMBURSABLE COSTS				
32 NONALLOWABLE GME COSTS				
33 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
34 FACILITY OVERHEAD		4,733	4,733	-3,910
35 FACILITY COSTS		34,185	34,185	
36 ADMINISTRATIVE COSTS		38,918	38,918	-3,910
37 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		40,660	362,636	-3,910
38 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	321,976			

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	18,294		18,294
3 PHYSICIAN ASSISTANT	46,571		46,571
4 NURSE PRACTITIONER	147,616		147,616
5 VISITING NURSE			
6 OTHER NURSE	62,892		62,892
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	46,603		46,603
11 SUBTOTAL (SUM OF LINES 1-9)	321,976		321,976
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT	1,302		1,302
14 PHYSICIAN SUPERVISION UNDER AGREEMENT			
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)	1,302		1,302
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES			
19 TRANSPORTATION (HEALTH CARE STAFF)	440		440
20 DEPRECIATION-MEDICAL EQUIPMENT			
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS			
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	440		440
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	323,718		323,718
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY			
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS			
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
33 FACILITY OVERHEAD			
34 FACILITY COSTS	823		823
35 ADMINISTRATIVE COSTS	34,185		34,185
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	35,008		35,008
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	358,726		358,726

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS	.11	5	4,200	462
2 PHYSICIAN ASSISTANTS	.56	2,996	2,100	1,176
3 NURSE PRACTITIONERS	1.65	5,597	2,100	3,465
4 SUBTOTAL (SUM OF LINES 1-3)	2.32	8,598		5,103
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.32	8,598		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
10 DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
TOTAL COSTS OF HEALTH CARE SERVICES	323,718			
(FROM WORKSHEET M-1, COLUMN 7, LINE 22)				
11 TOTAL NONREIMBURSABLE COSTS				
(FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)	323,718			
(SUM OF LINES 10 AND 11)				
13 RATIO OF RHC/FQHC SERVICES	1.000000			
(LINE 10 DIVIDED BY LINE 12)				
14 TOTAL FACILITY OVERHEAD	35,008			
(FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	275,855			
(SEE INSTRUCTIONS)				
16 TOTAL OVERHEAD	310,863			
(SUM OF LINES 14 AND 15)				
17 ALLOWABLE GME OVERHEAD				
(SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	310,863			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	310,863			
(LINE 13 X LINE 18)				
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	634,581			
(SUM OF LINES 10 AND 19)				
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)	8,598			
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,598			
9 PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	634,581
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	634,581
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	8,598
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	8,598
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	73.81

CALCULATION OF LIMIT (1)

PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
----------------------------	-------------------------------

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	73.81
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	467
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	34,469
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	34,469
16.01	PRIMARY PAYER AMOUNT	10,552
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	11,102
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	12,815
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	10,252
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	10,252
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	10,252
25	INTERIM PAYMENTS	16,071
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	-5,819
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		16,071 NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER	.01	
ADJUSTMENTS TO PROVIDER	.02	
ADJUSTMENTS TO PROVIDER	.03	
ADJUSTMENTS TO PROVIDER	.04	
ADJUSTMENTS TO PROVIDER	.05	
ADJUSTMENTS TO PROGRAM	.50	
ADJUSTMENTS TO PROGRAM	.51	
ADJUSTMENTS TO PROGRAM	.52	
ADJUSTMENTS TO PROGRAM	.53	
ADJUSTMENTS TO PROGRAM	.54	
SUBTOTAL	.99	
4 TOTAL INTERIM PAYMENTS		NONE 16,071
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER	.01	
TENTATIVE TO PROVIDER	.02	
TENTATIVE TO PROVIDER	.03	
TENTATIVE TO PROGRAM	.50	
TENTATIVE TO PROGRAM	.51	
TENTATIVE TO PROGRAM	.52	
SUBTOTAL	.99	
6 DETERMINED NET SETTLEMENT		NONE
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER .01	
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM .02	
7 TOTAL MEDICARE PROGRAM LIABILITY		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-1342	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 5/29/2009 TIME 9:24

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES UNDER THE FLORIDA MEDICAID PROGRAM, INCLUDING THE LAWS AND REGULATIONS RELATING TO CLAIMS FOR MEDICAID REIMBURSEMENTS AND PAYMENTS, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1	HOSPITAL	0	168,726	-365,821	0
3	SWING BED - SNF	0	55,455	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
9	RHC	0	0	-5,819	0
100	TOTAL	0	224,181	-371,640	0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.